

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b> County of Los Angeles <b>Division, Department, or Region</b> (if applicable) Board of Supervisors, Fifth District <b>Designated Agency Contact</b> (Name, Title) Sandra Cruz, Ticket Administrator		Date Stamp	<b>California Form 802</b> For Official Use Only
<b>Area Code/Phone Number</b> (213) 974-5555	<b>E-mail</b> scruz@bos.lacounty.gov		
		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) <b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168.00  
Event Description: LA Philharmonic Performance Date(s) 03 / 08 / 17  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Walt Disney Concert Hall  
Name of Source  
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)


**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Porter, Todd	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Ticket Policy Sec 5.3(h)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Sandra Cruz  
Signature of Agency Head or Designee Print Name Ticket Administrator Title 03/10/17  
(month, day, year)

Comment: \_\_\_\_\_

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
<b>Division, Department, or Region</b> <i>(if applicable)</i>			
Board of Supervisors, Fifth District			
<b>Designated Agency Contact</b> <i>(Name, Title)</i>		<input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i>  <b>Date of Original Filing:</b> _____ <i>(month, day, year)</i>	
Sandra Cruz, Ticket Administrator			
<b>Area Code/Phone Number</b>	<b>E-mail</b>		
(213) 974-5555	scruz@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168.00

Event Description: LA Philharmonic Performance Date(s) 02 / 19 / 17      /      /       
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Walt Disney Concert Hall  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

### 3. Recipients


• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

<b>A.</b>	<b>Name of Agency, Department or Unit</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>
<b>B.</b>	<b>Name of Individual (Last, First)</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Identify one of the following:</b>
	Berry, Carmen	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Ticket Policy Sec 5.3(h)
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
<b>C.</b>	<b>Name of Outside Organization (include address and description)</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>

#### 4. Verification

*I have read and understand FPCC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

with the requirements.

	Sandra Cruz	Ticket Administrator	03/10/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_



Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b> County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors, Fifth District Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator Area Code/Phone Number (213) 974-5555 E-mail scruz@bos.lacounty.gov		Date Stamp	California Form <b>802</b> For Official Use Only
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168.00  
Event Description: LA Philharmonic Performance Date(s) 02 / 07 / 17  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Walt Disney Concert Hall  
Name of Source  
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)


**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Balderrama, Linda	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Ticket Policy Sec 5.3(k)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Sandra Cruz Ticket Administrator 03/10/17  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable) Board of Supervisors, Fifth District			
Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator			
Area Code/Phone Number (213) 974-5555	E-mail scruz@bos.lacounty.gov	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168.00

Event Description: LA Philharmonic Performance Date(s) 02 / 03 / 17  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Walt Disney Concert Hall  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)


**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Van de Voorde, James	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Ticket Policy Sec 5.3(h)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Sandra Cruz      Ticket Administrator      03/10/17  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_



**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable) Board of Supervisors, Fifth District			
Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator			
Area Code/Phone Number (213) 974-5555	E-mail scruz@bos.lacounty.gov	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168.00

Event Description: LA Philharmonic Performance Date(s) 01 / 29 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Walt Disney Concert Hall  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)


**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Johnson, Renee	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Ticket Policy Sec 5.3(h)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Sandra Cruz      Ticket Administrator      03/10/17  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_

Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b> County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors, Fifth District Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator Area Code/Phone Number (213) 974-5555 E-mail scruz@bos.lacounty.gov		Date Stamp	California Form <b>802</b> For Official Use Only
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168.00  
Event Description: LA Philharmonic Performance Date(s) 01 / 26 / 17  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Walt Disney Concert Hall  
Name of Source  
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)


**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

<b>A.</b>	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<b>B.</b>	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
	Davis, Jolene	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Ticket Policy Sec 5.3(h)
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
<b>C.</b>	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Sandra Cruz Ticket Administrator 03/10/17  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_



Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b> County of Los Angeles <b>Division, Department, or Region</b> (if applicable) Board of Supervisors, Fifth District <b>Designated Agency Contact</b> (Name, Title) Sandra Cruz, Ticket Administrator <b>Area Code/Phone Number</b> (213) 974-5555 <b>E-mail</b> scruz@bos.lacounty.gov		<b>Date Stamp</b>	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) <b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168.00  
Event Description: LA Philharmonic Performance Date(s) 01 / 21 / 17  
*Provide Title/Explanation*  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Walt Disney Concert Hall  
*Name of Source*  
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
*Official's Name (Last, First)*


**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
	Franz, Carrie	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Ticket Policy Sec 5.3(i)
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Sandra Cruz	Ticket Administrator	03/10/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b> County of Los Angeles		Date Stamp	California Form <b>802</b> For Official Use Only
<b>Division, Department, or Region</b> (if applicable) Board of Supervisors, Fifth District			
<b>Designated Agency Contact</b> (Name, Title) Sandra Cruz, Ticket Administrator			
<b>Area Code/Phone Number</b> (213) 974-5555	<b>E-mail</b> scruz@bos.lacounty.gov	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) <b>Date of Original Filing:</b> _____ (month, day, year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168.00

Event Description: LA Philharmonic Performance Date(s) 01 / 08 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Walt Disney Concert Hall  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Glasgow, Lori	<u>2</u>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Ticket Policy Sec 5.3(k)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Sandra Cruz      Ticket Administrator      03/10/17  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_



Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b> County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors, Fifth District Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator Area Code/Phone Number (213) 974-5555 E-mail scruz@bos.lacounty.gov		Date Stamp	California Form <b>802</b> For Official Use Only
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168.00  
Event Description: LA Philharmonic Performance Date(s) 12 / 10 / 16  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Walt Disney Concert Hall  
Name of Source  
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)


**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Toyama, Stan	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Ticket Policy Sec 5.3(h)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Sandra Cruz Ticket Administrator 03/10/17  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable) Board of Supervisors, Fifth District			
Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
(213) 974-5555	scruz@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168.00

Event Description: LA Philharmonic Performance Date(s) 12 / 10 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Walt Disney Concert Hall  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
	Garguilo, Agnes	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Ticket Policy Sec 5.3(h)
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Sandra Cruz	Ticket Administrator	03/10/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_